



SPW

TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application No.	10/814,398
		Filing Date	March 31, 2004
		First Named Inventor	Alex Levin
		Art Unit	2825
		Examiner Name	Siek, Vuthe
Total Number of Pages in This Submission	16	Attorney Docket Number	42P12980DC

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> PTO/SB/08 <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Basic Filing Fee <input type="checkbox"/> Declaration/POA <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input checked="" type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">Return receipt postcard</div>
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP
Signature	
Date	October 27, 2006

CERTIFICATE OF MAILING/TRANSMISSION			
I hereby certify that this correspondence is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.			
Typed or printed name	Annie McNally		
Signature		Date	10/27/2006



FEE TRANSMITTAL for FY 2005

Patent fees are subject to annual revision.

Complete if Known

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Filing Date	March 31, 2004
First Named Inventor	Alex Levin
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☐ Applicant claims small entity status. See 37 CFR 1.27.

TOTAL AMOUNT OF PAYMENT (\$) 0.00

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit card ☐ Money Order ☒ None ☐ Other (please identify):

☐ Deposit Account Deposit Account Number: 02-2666 Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
☒ Charge any additional fee(s) or underpayment of fee(s) ☒ Credit any overpayments
under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20.

FEE CALCULATION

1. EXTRA CLAIM FEES

1. EXTRA CLAIM FEES

Total Claims	<table><tr><td>20</td></tr></table>	20	20*	=	<table><tr><td>0</td></tr></table>	0	x	<table><tr><td>Fee from below</td></tr></table>	Fee from below	=	<table><tr><td>Fee Paid</td></tr></table>	Fee Paid
20												
0												
Fee from below												
Fee Paid												
Independent Claims	<table><tr><td>2</td></tr></table>	2	3*	=	<table><tr><td>0</td></tr></table>	0	x	<table><tr><td></td></tr></table>		=	<table><tr><td>\$0.00</td></tr></table>	\$0.00
2												
0												
\$0.00												
Multiple Dependent						<table><tr><td></td></tr></table>		=	<table><tr><td>\$0.00</td></tr></table>	\$0.00		
\$0.00												
						<table><tr><td></td></tr></table>		=	<table><tr><td></td></tr></table>			

Large Entity	Small Entity
Fee Code	Fee Code
1202	2202
1201	2201
1203	2203
1204	2204
1205	2205
Fee (\$)	Fee (\$)
	790
	395

**or number previously paid, if greater, For Reissues, see below

2. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee Code		
1051	2051	Surcharge - late filing fee or oath	
1052	2052	Surcharge - late provisional filing fee or cover sheet.	
2053	2053	Non-English specification	
1251	2251	Extension for reply within first month	
1252	2252	Extension for reply within second month	
1253	2253	Extension for reply within third month	
1254	2254	Extension for reply within fourth month	
1255	2255	Extension for reply within fifth month	
1401	2401	Notice of Appeal	
1402	2402	Filing a brief in support of an appeal	
1403	2403	Request for oral hearing	
1451	2451	Petition to institute a public use proceeding	
1460	2460	Petitions to the Commissioner	
1807	1807	Processing fee under 37 CFR 1.17(q)	
1806	1806	Submission of Information Disclosure Stmt	
1809	1809	Filing a submission after final rejection (37 CFR § 1.129(a))	
1810	2810	For each additional invention to be examined (37 CFR § 1.129(b))	
Other fee (specify)			
SUBTOTAL (2)		(\$)	

SUBMITTED BY

Name (Print/Type)	Joseph Lutz	Registration No. (Attorney/Agent)	43,765	Telephone	(310) 207-3800
Signature				Date	10/27/06